



Patent
Attorney's Docket No. 000500-252

RCE
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#21
DL
10-9-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

Olle CARLBARK et al.)

Application No.: 09/529,638)

Filed: June 5, 2000)

For: WAIST BELT FOR ABSORBENT)
GARMENTS)

Group Art Unit: 3761

Examiner: C. Anderson

Confirmation No.: 9552

RECEIVED
OCT 03 2003
TECHNOLOGY CENTER R3700

REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No. **21839**

10/02/2003 SSESHE1 00000025 09529638

Sir:

01 FC:1801	770.00 DP
02 FC:1202	126.00 DP
03 FC:1201	258.00 DP

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
[] \$375.00 (2801) [X] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. [] A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

[] B. Applicant(s) previously submitted the following documents for which continued examination is requested:

[] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _

[] Consider the arguments in the Appeal Brief or Reply Brief previously filed on _

[] Other: _____

2. The following documents are enclosed with this submission:

[X] Request for Continued Examination Pursuant to 37 C.F.R. § 1.114

[] Affidavit(s)/Declaration(s).

[X] Information Disclosure Statement (IDS).

[] Petition for Extension of Time.

[] Other: _____

3. [] Small entity status is hereby claimed.

[] No additional claim fee is required.

[X] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

Request for Continued Examination Transmittal Letter

Application No. 09/529,638Attorney's Docket No. 000500-252

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C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$770.00 (1001)
Total Claims	27	MINUS 20 =	7	× \$18.00 (1202) =	\$126.00
Independent Claims	7	MINUS 4 =	3	× \$86.00 (1201) =	258.00
If multiple dependent claims are presented, add \$280.00 (1203)					
Total Fee					1,154.00
If small entity status is claimed, subtract 50% of Total Fee					
TOTAL FEE DUE					1,154.00

4. ☒ A check in the amount of \$ 1,154.00 is enclosed for the fee due.
5. ☐ Charge \$ _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

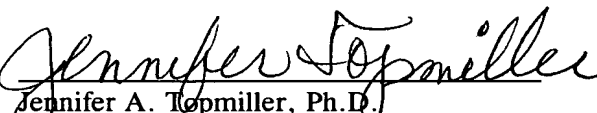
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: October 1, 2003

By:


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